



500 E. Sunflower Blvd., Ozawkie KS 66070

Certified Staff Professional Leave Request Form

****This form is to be used for workshops that are NOT held/sponsored by Keystone****

Date _____ (Submission deadline is 2 weeks prior to workshop/conference date)

Name _____

****You MUST submit workshop/conference information with this request****

Activity/Conference _____

Date(s) _____ Have Your Registered? Yes _____ No _____

Address _____

Telephone/Fax/email _____

Lodging Information _____

State your objectives: _____

Do you intend to submit a validation of activity form for this activity? YES _____ NO _____

Estimated Expenses:

Mileage _____
(_____ Miles @ \$.

Lodging _____
(Night Date(s) _____)

Meals _____
*(only for overnight stays)

Registration _____

Other _____
(Parking, Toll, Etc.)

Substitute Needed(circle one) Yes No
Number of days _____

Total: _____

Administrators Use Only:	
Fund to be charged	_____
_____ Mileage	_____
_____ Lodging	_____
_____ Meals	_____
_____ Registration	_____
_____ Other	_____
_____ Substitute	_____
Total	_____

Principal(s) _____ Approved _____ Denied _____

Keystone Administrator _____ Approved _____ Denied _____

For office Use:

Notes from Administrator _____

____ Registered ____ Needs to be Registered ____ Check Registration Status

Process Clerk Notes _____
